

**DEPARTMENT OF PUBLIC HEALTH, COUNTY OF SAN LUIS OBISPO
APPLICATION FOR HEALTH PERMIT/INSPECTION
SWAP MEET**

2156 Sierra Way – PO Box 1489 – San Luis Obispo, CA 93406

**THIS IS NOT A PERMIT TO OPERATE. YOU MUST OBTAIN WRITTEN
APPROVAL FROM THIS DIVISION BEFORE OPERATING.**

OWNER _____ DATE _____

(DBA) DOING BUSINESS AS
(IF DIFFERENT FROM OWNER NAME) _____

BUSINESS
MAILING ADDRESS _____ PHONE _____

CITY _____ ZIP _____ CELL PHONE _____

SWAP MEET LOCATION (Circle one):

SAN LUIS OBISPO/SUNSET
255 ELKS LANE
SAN LUIS OBISPO, CA 93401

NIPOMO SWAP MEET
263 N FRONTAGE ROAD
NIPOMO, CA 93444

CIRCLE TYPE OF SALES: PRODUCE PRE-PACKAGED PRODUCE AND
 ONLY FOOD ONLY PRE-PACKAGED FOODS

PRODUCE IS PURCHASED FROM: _____

PRE-PACKAGED FOOD IS PURCHASED FROM: _____

PRE-PACKAGED FOOD MUST BE STORED IN AN
APPROVED LOCATION. FOOD IS STORED AT (COMMISSARY): _____

ADDRESS: _____

IF COMMISSARY IS OUTSIDE SAN LUIS OBISPO COUNTY (PROVIDE COPY OF HEALTH PERMIT)

TYPE OF FOOD ITEMS SOLD: _____

SIGNATURE OF APPLICANT _____

PRINTED NAME _____

DO NOT WRITE BELOW THIS LINE

RECORD ID # _____ PROGRAM # _____ ELEMENT _____ DISTRICT _____

AMOUNT DUE _____ () PAID () STILL OWES

() CASH () CHECK # _____ INITIALS _____ DATE _____

PERMIT EXPIRATION DATE SET TO _____

STATEMENT OF COMMISSARY USE ATTACHED: YES NO N/A

COPY OF HEALTH PERMIT (IF OUTSIDE SLO COUNTY): YES NO N/A

CHANGE IN COMMISSARY IN PAST YEAR: YES NO